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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20972

Primary Registration District No. 3000

Registrar's No. 163

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution: 13 days (Specify whether years, months or days) In this community: 30 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Knox 999

(c) City or town: Victoria (If outside city or town limits, write "RURAL") 11 0

(d) Street No.: Gen. Del. (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Jennie Reynolds MCMaster

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: female

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: James M McMaster

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: November 1, 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 1 If less than one day hr. min.

9. Birthplace: Victoria (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Domestic

MOTHER FATHER

12. Name: Capt. Geo. W. Reynolds

13. Birthplace: Milton (City, town, or county) Mass. (State or foreign country)

14. Maiden name: Elizabeth Swickard

15. Birthplace: Massalin (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Susan McMaster Bell

(b) Address: Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Victoria, Ill.

18. (a) Signature of funeral director: Davis Funeral Home

(b) Address: Kirksville, Mo

19. (a) 7/3/44 (Date received local registrar) (b) Mrs. J. C. Wayne (Registrar's signature)

1649

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1944 hour 2 minute 23 A.M.

21. I hereby certify that I attended the deceased from June 12, 1944 to July 2, 1944 that I last saw h. er alive on July 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism — Duration

Due to: General arterio sclerosis

Due to:

Other conditions: ** (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

83 b

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E. Barbara Smith (M. D. ~~or other~~) M D

Address: Kirksville Mo Date signed: 3 July 1944

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-44-1224
Date Filed JUL 7 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Geo B Easley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.